

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**



Approved for use through 10/31/2002. OMB 0691-0032. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Nxt-20064-US
First Named Inventor	Fedirchuck
COMPLETE IF KNOWN	
Application Number	10 / 607,737
Filing Date	06/26/2003
Art Unit	2836
Examiner Name	not assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Electrical Bus Protection Method and Apparatus**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **06/26/2003**

as United States Application Number or PCT International

Application Number **10 / 607,737** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Zhiying				Zhang			
Inventor's Signature	<i>Zhiying Zhang</i>					Date	Oct 23, 03
Residence: City	Winnipeg	State	Manitoba	Country	Canada	Citizenship	Canada
Post Office Address 600 Bairdmore Boulevard							
Post Office Address							
City	Winnipeg	State	Manitoba	ZIP	R3T 5T7	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dean S.				Ouellette			
Inventor's Signature	<i>Dean Ouellette</i>					Date	Oct 29, 03
Residence: City	Winnipeg	State	Manitoba	Country	Canada	Citizenship	Canada
Post Office Address 39 Lakeland Place							
Post Office Address							
City	Winnipeg	State	Manitoba	ZIP	R3T 4A8	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Nxt-20064-US

Electrical Bus Protection Method and Apparatus

Nxt-20064:US

PTO/SB/01 (10/01)

Approved for use through 10/31/2002 OMD 063 1 0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	<b>23384</b>	OR <input type="checkbox"/>	Correspondence address below	
<b>ROBERT A. PAJAK</b>						
Name						
<b>ROBERT A. PAJAK PATENT SERVICES</b>						
Address						
<b>14234 NAPLES STREET NORTHEAST</b>						
City		<b>Ham Lake</b>		State	<b>MIN</b>	
ZIP		<b>55304-6401</b>				
Country	<b>USA</b>		Telephone	<b>763-757-3762</b>		Fax <b>763-767-0330</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		<b>David J.</b>		Family Name or Surname		
				<b>Fedirchuk</b>		
Inventor's Signature		<i>D. Fedirchuk</i>			Date <b>Oct. 24, 2003</b>	
Residence: City		<b>Ile des Chenes</b>		State	<b>Manitoba</b>	
				Country	<b>Canada</b>	
Citizenship		<b>Canada</b>				
Mailing Address						
<b>Box 465, Ile des Chenes</b>						
City		<b>Ile des Chenes</b>		State	<b>Manitoba</b>	
ZIP		<b>ROA 0T0</b>		Country <b>Canada</b>		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		<b>Gang</b>		Family Name or Surname		
				<b>Li</b>		
Inventor's Signature		<i>Gang Li</i>			Date <b>Oct. 23, 2003</b>	
Residence: City		<b>Winnipeg</b>		State	<b>Manitoba</b>	
				Country	<b>Canada</b>	
Citizenship		<b>Canada</b>				
Mailing Address						
<b>#304-3030 Pembina Highway</b>						
City		<b>Winnipeg</b>		State	<b>Manitoba</b>	
ZIP		<b>R3T 4K4</b>		Country <b>Canada</b>		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

(Page 2 of 2)



Please type or print sign (s) inside this box.

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10 / 607,737
Filing Date	06/26/2003
First Named Inventor	Fedirchuck
Title	Electrical Bus Protection Method
Group Art Unit	2836
Examiner Name	not assigned
Attorney Docket Number	Nxt-20064-US

I hereby appoint:

☒ Practitioners at Customer Number

23384

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number
Robert A. Pajak	29,335
Walter K. Roloff	36,907

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer  
Number Bar Code  
Label here☐ Firm or  
Individual Name

ROBERT A. PAJAK

Address

ROBERT A. PAJAK PATENT SERVICES

Address

14234 NAPLES STREET NORTHEAST

City

Ham Lake

State

Minnesota

Zip

55304-6401

Country

USA

Telephone

763-757-3762

Fax

763-767-0330

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	David J Fedirchuk,	Gang Li,	Zhiying Zhang	Dean Ouellette
Signature	<i>D. Fedirchuk</i>	<i>Gang Li</i>	<i>Zhiying Zhang</i>	<i>Dean Ouellette</i>
Date	Oct. 24, 2003	Oct. 23, 2003	Oct. 23, 2003	Oct. 29, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burdon Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on this amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.